Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-27-2007</u>	Address:	CR 750 S West of SR 121
Case #;	<u>41-18680</u>		<u>Connersville</u>
County:	<u>Fayette</u>		<u> </u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Open			
Water Reactive Metal (Lithium); Open			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
☑ Other (item and location):Pscodoephedrine			
☐ Yes ⊠ No	r age 18 discovered (check one) (number present) to Child Protective Services	Ephodrine Retail/Me	e Information Pseudoephedrine Tracking Log rehant Tip w Enforcement
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Glenwood</u> artment: <u>Fayette County</u> ction Service:	Fax: <u>N/A</u> Fax: <u>765-825-7189</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Paul Harrison Phone 1-800-761-2985			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.